Unique Identifier Code

USAID-funded Drug Demand Reduction Program in Uzbekistan, Tajikistan, and the Ferghana Valley Region of Kyrgyzstan

DDRP BEST PRACTICE COLLECTION

This model is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Alliance for Open Society International and do not necessarily reflect the views of USAID or the United States Government.

DDRP best practice collection series:

- **Unique Identifier Code**
- Drug Demand Reduction Program
- "Sister to Sister"
- Youth Power Centers
- Drug Demand Reduction Education and Referral of Migrants
- Treatment Readiness for Drug Users
- Drug free Treatment and Rehabilitation for Drug Users
- Drug free Public Social Spaces
- "Break the Cycle"
- Youth Positive Development

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INTRODUCTION AND OVERVIEW

What is DDRP?

The USAID-funded Drug Demand Reduction Program (DDRP) aims to address social problems among vulnerable populations involved in or at risk of involvement in drug use in Central Asia. DDRP activities in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan are a response to the dramatic rise in opiate injection in the region.

The term "drug demand reduction" is used to describe policies or programs aimed at reducing the consumer demand for narcotic drugs and psychotropic substances covered by international drug control conventions [1]. The countries covered under this program have experienced significant increases in opiate consumption due to geography and recent socio-political events including the collapse of the Soviet Union and the Afghan conflict. Heroin transiting through these countries has created epidemics of drug use, is undermining already fragile economies and threatens to overwhelm health systems with HIV. This has also occurred in other nearby former Soviet republics. DDRP's mission is to engage all levels of society in reducing demand for heroin and other opiates. The program began in 2002 and will cease in 2007.

The Drug Demand Reduction Program involves a network of leading international organizations active in HIV prevention and drug demand reduction in the region.

The key components of DDRP are:

- educating the target populations on drug-related issues
- promoting healthy lifestyles
- providing access to alternative occupational and leisure activities
- assisting in solving social problems
- supporting the development of pragmatic drug demand-reduction strategies at the national and local levels.

This Unique Identifier Code (UIC) Model is one of ten developed under DDRP for replication and contribution to HIV and drug demand reduction policy and program development in Central Asia.

What problems does the DDRP UIC address?

The UIC system is designed to address the programming and management needs of DDRP, while maintaining anonymity of the individuals receiving services. When DDRP commenced, managers of the program were faced with two challenges: how to assess the effectiveness of interventions, and how to monitor target group client contacts? While accurate client monitoring was urgently required to address these challenges, only two ineffective client contact management systems were in use in Central Asia at that time. These were the nongovernmental and the governmental monitoring system. The first counted service contacts but did not provide information on how many target group members were reached by interventions. The governmental client monitoring system, a legacy of the Soviet era, did not preserve confidentiality.

Both monitoring systems failed to meet the needs for anonymity among drug users, commercial sex workers and other vulnerable populations. The lack of confidential service provision was a significant barrier to service utilization by individuals from stigmatized groups. This was especially evident when government narcology clinics required clients to provide identifying information. There was a strong disincentive to seek assistance as vulnerable individuals feared this information would be shared with police [2].

Thus, both systems failed to address the problems of monitoring the effectiveness of interventions and client contacts.

The DDRP UIC solution

In 2003, Population Services International (PSI) developed a UIC system for monitoring the progress of their DDRP funded projects in Central Asia. This simple system of anonymous client registration and tracking service usage was progressively adopted by all DDRP partners and sub-grantees in Kyrgyzstan, Tajikistan and Uzbekistan.

The DDRP UIC is a 7-digit code composed of:

- First two letters of mother's first name
- First two letters of father's first name
- Gender (single letter M/F or number 1/2)
- Year of birth (last two digits)

This information provides key data about the client, including age and gender, without including any information that can be easily used to identify that person.

When clients are approached by a drug demand reduction worker, they are prompted for their UIC with the question "without saying your mother's name, please provide me the first two letters of her first name". By introducing the UIC to individuals in the target group in this way, trust is developed in a system that will ensure anonymity. As a consequence, clients are more willing to provide this information. Training of project staff and volunteers was an integral element of the DDRP UIC Model.

The UIC has been adopted as the monitoring system of choice by all DDRP projects and partners and by key governmental agencies working on HIV prevention and drug demand reduction in Kyrgyzstan, Uzbekistan, and Tajikistan. It has also been adopted by the USAID-funded Central Asian Program on AIDS Control in Vulnerable Populations (CAPACITY), the Central Asian Regional HIV/AIDS Program (CARHAP) funded by the United Kingdom Department for International Development (DFID), World Vision programming, some Global Fund projects, and by many local non-government organizations (NGOs) throughout Central Asia.

BENEFITS OF THE DDRP UNIQUE IDENTIFIER CODE

The UIC is easy to remember

The information used to produce each individual's DDRP UIC is easy for the individual receiving services to recall when the outreach worker or service provider asks the prompt question, and it remains constant, no matter which outreach worker has contact with the client.

This UIC is therefore superior to other codes in use in the region and elsewhere. In these other systems, outreach workers assign codes to the target group. Unlike these systems, the UIC contains no identifying information about name, date of birth or place of residence.

The UIC meets the needs of donors and clients

The DDRP UIC offers significant benefits for both donors and clients. For donors, the UIC provides a robust basis for a monitoring and evaluation framework, providing regular information for management decision-making by monitoring activities and client numbers, as well as evaluating progress towards project objectives. For clients, the UIC allows target group clients to maintain anonymity so they can access essential services such as detoxification, drug dependence treatment and rehabilitation, and HIV prevention services without fear of their risk behavior being disclosed to family, friends, coworkers or police. The UIC can be used by a group of service providers, creating an exciting opportunity to measure how vulnerable groups utilize multiple services and allowing service providers better opportunities to form links.

The UIC addresses target group coverage and universal access

The DDRP UIC Model is one of the basic elements of a Spectrum of Services approach. The Spectrum of Services incorporates drug demand, risk reduction, and HIV prevention into a unified approach that can be implemented within a defined geographical region. The Spectrum of Services approach is based on the principle that drug demand reduction, risk behavior reduction and HIV prevention behavior change result from target group members us-

ing multiple agencies. Once these agencies are linked through the UIC-based system of active cross-referral, individuals needing assistance will have both greater access and choice. In a fully implemented spectrum of services, a drug user, youth at-risk of initiating injecting drugs or sex worker can enter the Spectrum at any point, obtain appropriate services, and then be assisted by program staff to move to other appropriate programs. For further information, please refer to the Spectrum of Services diagram in the Appendix.

The spectrum of services aims to reach 100% of injecting drug users and sex workers with at least one component on a regular basis. Implementers use UIC-based databases as a monitoring and evaluation instrument to show the percentage of target clients reached by a service provider within a defined geographic region over a defined timeframe. The UIC provides information for action by program decision makers and assists decision-making on modifications to programs in response to emerging needs.

DDRP projects demonstrate the effectiveness of outreach in providing clients with education, advice and the referrals aimed at changing their risk behavior [3]. In developing and transitional countries, drug demand reduction services are generally poorly coordinated. The Spectrum of Services, when combined with the UIC, can improve the integration of local government and non-government health services.

The quality of drug demand reduction services for anonymous UIC-registered clients is progressively improved as an increasing range of organizations that adopt the UIC. Further, once the monitoring systems of geographically proximate service providers are linked, the UIC allows evaluation of broader trends in the pathways of service utilization. This in turn promotes further increase in the use of active referrals between participating service providers. The UIC is both a tangible and significant step towards universal drug demand reduction and HIV prevention access.

The UIC provides managers with tools for program planning

The DDRP UIC system enables programs with a gradualist approach to track target groups. Gradualism is an approach to drug demand reduction that helps individuals to move from active drug use toward moderation or abstinence [4]. As use of the UIC evolves, it will increasingly link service providers, allowing program implementers and researchers to track and actively manage service utilization trends. Clients registered with the UIC can move from unstructured services such as drop-in centers providing treatment readiness, to detoxification, drug dependence treatment and rehabilitation services as required. In addition to monitoring progress, the UIC will allow analysis of relapse trends, which are an unfortunately common step on the path of dependence treatment and rehabilitation. This treatment and relapse data will thus allow direct comparison of the quality of different drug demand reduction services and the quality of referrals made, and it will help identify barriers to achieving optimal effectiveness.

The UIC's active feedback monitors short-term progress towards longer-term goals. Decreasing injecting drug use and HIV transmission requires a long-term investment in behavior change and service provision. This requires active monitoring of short-term performance to progress towards achieving longer-term goals. When combined with behavioral surveys, program managers can act on the feedback provided from the UIC-based monitoring system to rapidly remedy programmatic weaknesses and motivate staff to optimize intervention effectiveness.

The anonymity of the DDRP UIC underpins advocacy. Protection of human rights is central to the way the UIC is used by DDRP partners and others. The UIC provides government service providers with a superior alternative for the management of confidential personal information. It provides managers in the government sector with an instrument that is easy to remember, meets client demands for confidentiality, and enhances government data collection and surveillance capacity. Confidentiality is essential for effective implementation of interventions among at-risk groups. Anonymous service provision is linked to higher rates of drug demand reduction and HIV testing services [5].

LESSONS LEARNED

This section of the DDRP UIC Model provides an overview of general recommendations and lessons learned from the reviewed DDRP projects. The information in this section serves three purposes: first, to provide a broad project plan or protocol for other organizations seeking to implement drug demand reduction and HIV prevention projects in Central Asia; second, to capture the best practices observed during the project process, which might serve as a guide in the region; and third, to prove that the UIC is a mechanism that can facilitate this cooperative approach to drug treatment and HIV prevention services.

Pre-project planning

The following points should be considered in the planning phase for projects incorporating a unique identifier code system for drug demand reduction as well as HIV and drug use prevention services in Central Asia.

- *Importance of anonymity*
  The UIC should be considered as part of a comprehensive system to ensure client anonymity, when working with at-risk and drug using populations in Central Asia. This is particularly the case in service locations outside national capitals, where significant long-term stigma and discrimination associated with drug use and HIV can affect not only clients but also their families.

- *Use of Cyrillic and Latin script in UIC databases*
  The database can be used with either Cyrillic or Latin characters. The program staff, in collaboration with local governmental authorities and other necessary stakeholders in accordance with the 3-Ones strategy on HIV/AIDS response, should make this decision.

- *Appropriate language for registration forms*
  All UIC registration forms should be at least bilingual, depending upon the target population served. The borders between Central Asian countries do not correspond to ethnic and language groups. Age is an additional influence on language. The interplay between age, ethnicity and migration can produce unexpected patterns of language use and literacy. For example, Tashkent tends to attract many younger and unskilled males from rural areas seeking casual work. These individuals have poor literacy and frequently do not speak Russian. However, people born before 1980 are more likely to both speak Russian and be more literate.
  Russian remains the common language across Central Asia. The needs of the target group need to be balanced against official government language policies and sensitivity toward the use of the national language. This may mean planning for appropriate staff and materials available in more than one language. Russian is often an option as a language for communication in addition to official national languages.

- *Literacy of at-risk groups*
  Increasing numbers of young people from risk groups have low levels of literacy. This should be taken into consideration when planning services and preparing UIC registration forms. This was noted in multiple sites in Kyrgyzstan, Tajikistan and Uzbekistan, both in capitals and provincial cities.

- *Limited knowledge of mothers and fathers for UIC collection*
  The UIC is a 7-digit code composed of the first two letters of the client's mother's name, first two letters of the client's father's name, his/her gender, and the last two digits of the client's year of birth. Armed conflict, migration and social dislocation among vulnerable populations mean that many clients may not know all these details. Social research organizations Panorama and Ekspert Fikri, in consultation with DDRP partners, developed a proxy code for these individuals.

- *Presence of Afghan migrant populations and UIC coding*
  The chances of individuals sharing the same code details for the UIC is less than 1.5%, which is regarded as insignificant. However, the Afghan patronymic naming system, combined with polygamous marriage produces multiple

duplicates and creates significant data collection errors. The social research organization, Ekspert Fikri, in consultation with DDRP partners, developed a proxy code for these individuals. While the UIC worked well in Central Asia, programs outside the region should test for the statistical probability that two people can have the same code prior to implementation.

- *Engagement of experienced local social research companies*
  Local social research companies Panorama (Tajikistan and Kyrgyzstan) and Ekspert Fikri (Uzbekistan) were critical to the successful implementation of the UIC. Local conditions vary significantly across the three Central Asian countries, particularly away from the capital cities. All organizations interviewed during the preparation of this document described this assistance as highly valuable for implementing the UIC.

- *Computers and Internet access*
  Not all organizations have access to computers and the Internet. This needs to be considered when planning a monitoring and evaluation system. In some organizations, physical conditions, such as temperature and humidity at the project site or inadequate security, may make it unfeasible to keep a computer on the premises. Even when a computer is present, it may be impossible to use the Internet due to the poor condition of local telephone exchanges or difficulties associated with the installation of a telephone landline.
  Similarly, not all grant recipients may have access to a regular electricity supply. Frequent electricity outages may result in data loss if they occur during data entry. Mechanisms for recording client attendance on paper should supplement computer entry.

Merging of separate databases

PSI, Ekspert Fikri and Panorama created separate databases under DDRP which contain information in Latin or Cyrillic characters. These databases can be merged by processing through an automated computer program and this issue was considered at the beginning of the UIC implementation process.

Grant process

The following elements should be considered during the early stages of a project that incorporates the UIC:

UIC usage should be incorporated into performance contracts with grantees; and appropriate use of the UIC should be constantly reinforced and directly audited as part of the grant conditions by the grant-giving organization.

Sevaral grantees decreased their performance in collecting UIC data and other monitoring and evaluation tasks as their grants were approaching completion. The timing of grant cessation announcements should be coordinated with data gathering requirements by the financing organization.

Project commencement

The following elements should be considered during the early stages of a project that incorporates the UIC.

All project indicators should be developed prior to project commencement. The dissemination of new indicators and training of new staff was a time consuming and complex process. This was made more difficult as indicators and recording methods changed on several occasions. Repeated training and visits were required. These visits were supplemented with general project management and program management support from the social research organizations, which was highly valued by grant recipients.

All UIC databases should be developed with appropriate user manuals in the appropriate language and installed at the time of project commencement.

All staff providing services to clients should be trained prior to the beginning work with clients. This training should be repeated at regular intervals by qualified external personnel, to compensate for changes in project staff and responsibilities, and to reinforce the importance of the UIC. Similarly, managers responsible for the project require initial and follow-up training in UIC and supervision of staff involved in providing client services. PSI, as part of its programming under DDRP, has developed an excellent system to control the quality of UIC data collection (see Monitoring and Evaluation below).

Service delivery

The following elements should be considered when planning service delivery incorporating the UIC.

- *Minimal hostility to UIC information collection among current injecting drug users*

  There was little hostility or suspicion towards collection of UIC information among current injecting drug users. While there are significant potential negative consequences associated with being identified as a drug user in Central Asia, with very rare exceptions the UIC was accepted as a legitimate requirement by current drug users across all DDRP projects documented. This was noted in multiple sites in Kyrgyzstan, Tajikistan and Uzbekistan among male and female drug users of various ages.

- *The UIC is only part of a system to ensure client anonymity*

  The UIC should be seen as only one of a series of measures designed to protect the anonymity of drug users. This is of particular concern in smaller cities in Central Asia, where association with drug use and HIV can affect both individuals and their families. Anonymous provision of treatment and testing will result in increased usage of services by drug users. As well as the UIC, other measures may include advocacy with local police and government administration officials, confidential entry to services, care with signage, and location of services separate from Narcological Dispensaries. This was noted at several DDRP projects in Djalal Abad in Kyrgyzstan and Ferghana in Uzbekistan.

- *Constant reinforcement of importance of accurate use of the UIC by funding organization*

  The importance of maintaining accurate UIC records was constantly stressed by DDRP partners and social research organizations. The adherence to UIC data collection by staff was enhanced by the integration of service delivery and monitoring and evaluation activities within PSI. Other partners and sub-recipients relied on Panorama and Ekspert Fikri for monitoring and evaluation of the UIC.

- *Use of the UIC in outreach*

  The UIC was used in outreach work by a range of organizations in Kyrgyzstan, Tajikistan and Uzbekistan. The difficulty of using the UIC in outreach and center-based services was roughly equal, with the exception of treatment readiness. Most treatment readiness projects were undertaken on an outreach basis. Outreach workers reported clients frequently exhibited reluctance to engage with them when they carried papers in their hand or asked them to record any potentially identifying markings on paper. This was especially strong at the time of initial contact with new clients. These difficulties were exacerbated by poor literacy among the target group. This issue is described in greater detail in the DDRP Treatment Readiness for Drug Users Model in this series.

- *Estimation of number of individuals at large public events*

  At large-scale public events, it is not possible to use the UIC. PSI undertook a head count rather than attempting to register individuals.

- *Use of UIC in long-term residential drug treatment programs*

  Several DDRP Drug Free Treatment and Rehabilitation projects reported finding the UIC burdensome in an environment where clients received multiple services. This issue is described in greater detail in the DDRP Drug Free Treatment and Rehabilitation for Drug Users Model.

- *Referrals to third party services*

  The UIC is designed to provide anonymous referral to third-party services. The appropriate referral of individuals within a geographical region underpins the Spectrum of Services. This is particularly useful when referring individuals for drug treatment or rehabilitation. This was noted in Osh city, Kyrgyzstan, where there are a broad range of DDRP services, and in Khujand, Tajikistan, where the UIC was in the process of being adopted by the provincial administration at the time of writing. In Khujand, the NGO Dina makes formal written referrals and conducts follow-up discussions based on the UIC. In the case of the Samarkand Branch of the Uzbek Association of Reproductive Health, where there was a

high population of commercial sex workers, street nicknames were used in the absence of a UIC in preference to actual names when referring women to the local AIDS center or narcology clinic.

Monitoring and Evaluation

The following elements should be considered when planning monitoring and evaluation activities for the UIC.

- *Dynamic service planning*

  Under DDRP, PSI conducts quarterly minor evaluations of individual behavior change as well as annual surveys of behavior change among their target populations**.** PSI noted that the UIC allows them to modify services to determine the minimum exposure required to have an impact reducing drug use risk.

- *Random audits*

  DDRP/PSI undertakes regular random audits of service delivery staff involved in client data collection for the UIC. This is done to ensure the accuracy of data collected. PSI's close involvement in the local adaptation of the UIC, integration of hierarchical reporting accountability, and provision of ongoing training and technical support to staff via a network of Centers allowed it to use the UIC to best effect. Smaller organizations without this integrated support experienced greater difficulties with implementation and reporting.

- *Geographical client attribution*

  Not all clients who receive services from a particular agency live in the high-risk target area. The provision of free high-demand services, such as English and computing classes, means clients will often travel from outside target areas. This was noted at projects targeted at at-risk youth in Kyrgyzstan, Tajikistan and Uzbekistan. An additional mechanism for linking UIC to a broad geographical index may be appropriate to improve accuracy of coverage estimation.

Staff training

The following elements should be considered when planning staff and volunteer training activities for the UIC.

Constant training and technical support of grantee staff should be included as an essential element in all projects. Staff turnover at grantees was an additional issue affecting the impact of training. This was particularly noted in Uzbekistan. In several cases, there was insufficient attention paid to ensuring continuity of training to a specific person within the organization. In the most successful grantees, the project director assumed direct responsibility for UIC reporting.

Some grantees in Uzbekistan did not assign sufficient importance to meetings with social research organization staff. However, it should be remembered that grantees in Uzbekistan were the most affected by the changes in Uzbekistan partner organizations over the course of DDRP implementation.

REPLICATION

Results of implementation of the DDRP Unique Identifier Code suggest the UIC can be implemented and sustained in the Central Asian context.

Replication recommendations

- *Project partnerships and advocacy*
  The UIC is a potential mechanism for integrating all donor projects within a region. The simplicity and anonymity of the system were seen as desirable by all DDRP partners and grantees. Further, AFEW and PSI commented that the UIC could serve as a mechanism for integrating otherwise unrelated projects in a geographic region. The Spectrum of Services, when combined with the UIC, provides a framework for this integration of services.

- *Advocacy to international donors*
  There has been a tendency to re-invent monitoring and evaluation systems as new donors have begun implementing drug demand reduction and HIV prevention programs in Central Asia. In the past two years, the UIC developed under the DDRP has become the preferred mechanism of international donors in the Central Asian region.

- *Advocacy to provincial and national governments*
  The Spectrum of Services can only be effective when there is engagement of government and non-government organizations. It is most important that service providers in one location agree to use one UIC and one set of prompt questions to obtain easily memorable information while respecting client anonymity and reducing the chances for error. The UIC is a mechanism that can facilitate this cooperative approach to drug treatment and HIV prevention services. Advocacy to the Sughd province Coordination Council on Drug Abuse, HIV/AIDS and STI prevention by NGO Dina with DDRP support in Tajikistan has been effective in ensuring the implementation of the UIC throughout government services in this province.

LITERATURE REVIEW

This is a brief literature review covering anonymous service provision and drug demand reduction. It is an overview of theoretical assumptions underpinning the DDRP UIC Model.

Soviet approaches to drug user registration

Across much of Central Asia and the former Soviet Union, Soviet approaches to drug treatment including registration, or *uchyot*, of drug users still applies. In the Soviet Union, drug users were officially registered, and their names passed to the police. If they were detained on a minor charge, they were required to submit to treatment, which was regarded as the alternative to a custodial sentence. Addicts in custody also had to undergo a form of compulsory treatment (labor therapy) in a correctional institution. In addition, they were required to then report back to narcology clinics or submit to regular home visits for evaluation. Registration as a drug user meant that access to education, employment and housing was also restricted [6].

There is current evidence from non-Central Asian former Soviet republics that police rely on drug users as important sources of information about drug trafficking and other crimes. Deliberate targeting of drug users for registration and as police informants may heighten HIV risk for drug users, who may fear seeking HIV prevention services or taking measures that would expose them to arrest [7,8].

Anonymous registration and surveillance coding systems

The DDRP Unique Identifier Code has a strong evidence base. Support for the use of unique identifier codes is primarily derived from HIV surveillance literature. It reflects work undertaken comparing the effectiveness of names-based registration versus unique identifier codes in attracting marginalized communities of injecting drug users and men who have sex with men for HIV testing during the 1990s. Concerns that stigma, discrimination and breaches in confidentiality might deter some individuals from being tested led some U.S. states to implement a system of HIV case reporting based on unique identifier codes. In this system, a code number is created and reported in place of an individual's name. Each code number is based on information specific to that individual. If all elements of the code are complete and accurate, the code number is unique enough to avoid duplicate records while still allowing for follow-up to obtain additional information [9].

There is also evidence to suggest that that names-based reporting may deter individuals at risk of HIV infection from being tested [10,11]. The U.S. Centers for Disease Control and Prevention (CDC) supports adherence to strict confidentiality protections of testing and surveillance data and the availability of anonymous testing options [12]. The unique identifier code system has also been successfully used in a research context to study cross border movement and injecting drug use interventions in China and Vietnam [13].

Coverage

The DDRP Unique Identifier Code is intended to provide a measure of coverage. Coverage is emerging as an increasingly important issue in drug demand reduction and HIV prevention programs in developing and transitional countries. Coverage is a concept that originated in the injecting risk reduction literature. In the World Health Organization definition, the effectiveness of interventions is linked with coverage. WHO suggests that coverage refers to "the proportion of the population in need of an intervention which has received an effective intervention" [14]. Similarly, coverage has been referred to as "the minimum package of products and services needed to produce measurable changes in targeted behaviors" [15]. Use of the UIC can provide accurate data on the number of individuals who receive specific services, allowing these calculations to be made.

Coverage can also be described at the individual level as the "dosage" or intensity of an intervention level in a particular geographical region, and it can refer to the timeliness or duration of an intervention, that is, the "effective contact" with a target population [16]. These calculations can also be assisted by regular and widespread use of the UIC.

A study by the Joint United Nations Program on HIV/AIDS (UNAIDS) held in 2006 on high coverage sites recommended use of the UIC to ensure ac-

curate monitoring of client numbers for estimating coverage [17]. The study found a wide variety of coverage estimation methods in place in a range of countries with most systems unable to accurately estimate how many individuals accessed which services. The study also demonstrated that in each high coverage site studied, advocacy was one of the most important activities in achieving high coverage. Evidence from HIV and injecting drug use literature suggests that interventions that focus exclusively on individual motivations and behavior change are only partially effective [18,19]. Research into environmental interventions for drug demand reduction and HIV prevention suggest that individuals may have little control over their choices in engaging in high risk behaviors. Advocacy interventions, therefore, need to include activities targeted at structural, community and individual levels [20,21]. Effective advocacy requires estimations of the size of at-risk populations and their needs. The UIC can assist in all of these processes [22].

INDIVIDUAL PROJECT DESCRIPTIONS

This section provides an overview of each site reviewed during the DDRP UIC Model development process. The UIC Model is slightly different from other DDRP Models. Each of the other DDRP Models describes interventions with particular target groups, such as vulnerable women or at-risk youth. By contrast, the Unique Identifier Code is central to the work of all partners and all projects and might thus be considered part of the management architecture of the Drug Demand Reduction Program itself.

Three organizations are reviewed in this section:

- PSI – multiple locations in Kyrgyzstan, Tajikistan and Uzbekistan
- Ekspert Fikri – Tashkent, Uzbekistan
- Panorama – Dushanbe, Tajikistan

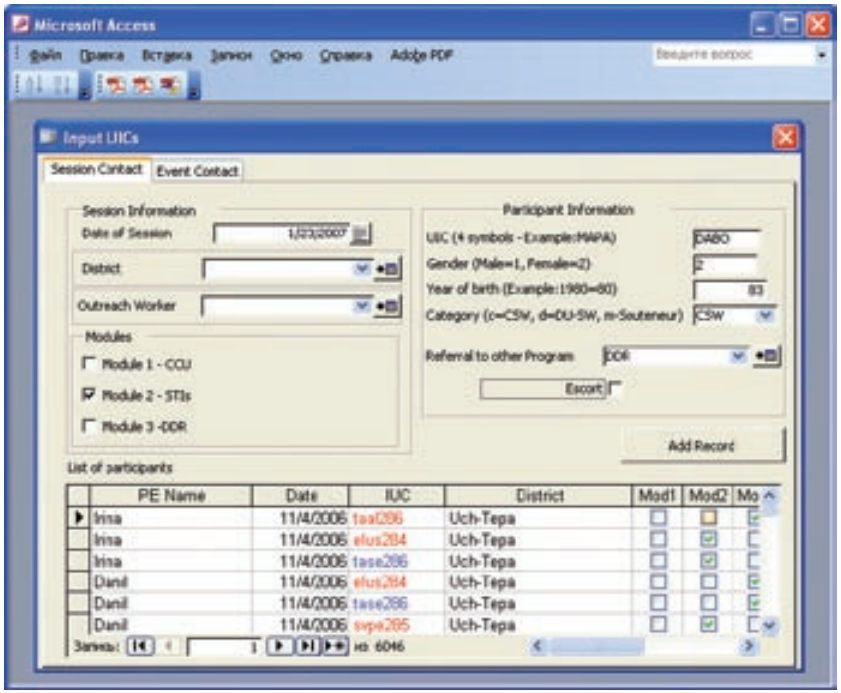
Each of these organization was reviewed for its role, as they were central to the development and implementation of the DDRP UIC. In addition, AIDS Foundation East-West staff were interviewed in Tashkent.

PSI

PSI is a nonprofit organization, founded in 1970 and based in Washington, D.C. PSI focuses on programs with measurable health impact and attempts to measure its effect on disease and death much like a for-profit company measures its profits. Globally, PSI operates programs in HIV/AIDS, safe water, malaria, nutrition and family planning, using social marketing strategies to promote health products, services and healthy behavior targeted at low-income and vulnerable people.

PSI was the instigator of the initial adaptation of a unique identifier code system to DDRP in Central Asia. PSI and Ekspert Fikri collaborated on the adaptation of a UIC system for monitoring PSI's work in Uzbekistan in 2003. This system was first adopted at the PSI Youth Power Center in Chilanzar District, Tashkent City, in early 2004. It was then provided to PSI's regional network of Youth Power Centers using the organization's well-developed internal training

and management infrastructure. This involved development of a Latin character database (in Microsoft Access) appropriate to PSI reporting needs as well as bilingual paper registration forms in appropriate languages for local use by peer educators.



Screenshot of Input data window of the UIC database

This anonymous client identification system was progressively adopted by all DDRP partners and sub-grantees in Kyrgyzstan, Tajikistan and Uzbekistan. The social research organization "Panorama" has started use of the UIC system in Tajikistan in July 2004. Further information about the involvement of Panorama appears below.

First attendance

At the time of first attendance at a Youth Power Center, each client is assigned a UIC. The UIC is a 7- digit code composed of

- First two digits of mother's name
- First two digits of father's name
- Gender (number 1/2)
- Year of birth (last two digits)

Client UIC cards

PSI gives each Youth Power client a "member card," which contains their UIC. This assists with rapid recording of details during periods of high attendance at Youth Power Centers. Anonymity is less of an issue among PSI clients (than among injecting drug users for example), as the majority are at risk youth facing less stigma and discrimination. Further, among at-risk youth, the card has become a minor status symbol.

Client attendance recording

Each time a client attends a Youth Power service (and now this has been extended to all PSI client services), attendance is marked on a sheet by the PSI Peer Educator. Peer Educators are of similar age and background to clients. Peer Educators report to a Peer Education Coordinator, who in turn reports to the main Youth Center Coordinator, responsible for the overall operation of each Youth Power Center.

Weekly team meetings

Peer Educators are issued with forms and personal journals for monitoring and recording their work with clients. In addition, Peer Education Coordinators and Youth Center Coordinators participate in weekly peer education team meetings and record issues that need to be addressed including work practices, timing and types of services offered.

- *Monthly Youth Power Center reports*

  Each month, Peer Education Coordinators check Peer Educators' monthly activity reports and provide these to Youth Center Coordinators. Youth Center Coordinators add activities from all Peer Educators to provide a monthly report containing:

- Number of peer education sessions (and which sessions) undertaken at each location
- Number of training of trainers (TOT) sessions and number of Peer Educators trained
- Number and type of alternative activities provided
- Number and type of events provided
- Number of new clients reached (number of clients on database minus previous month's total), disaggregated by sex
- Number of times clients were reached, disaggregated by sex
- Number of clients attending peer education sessions, and average pre- and post test scores
- Number of clients attending each other category of service (contacted via outreach, youth Center visit, alternative activities, events), disaggregated by sex
- Number and type of advocacy activities carried out (from Advocacy Activity Report)
- Summary of the most significant changes mentioned in team meetings and/or observed by Peer Education Coordinator and Youth Center Coordinator (especially in the behavior of target group, work practices, environment), including actions taken or recommended to address changes
- Important new information about the target group.

- *Monthly country reports*

  Each of the monthly reports then forms part of the monthly country Youth Center report for PSI, which is aggregated from across all regions of the country.

- *Knowledge attitude practices surveys amongst target group*

  PSI's TRaC Survey System is performed every 6-12 months. This instrument tracks changes in knowledge, attitudes and practices (KAP) among clients.

Through the UIC, this allows determination of the coverage of specific target groups within a defined geographic region over a defined period of time.
In addition to this comprehensive surveying of the target group, "mini-KAP" surveys are conducted to more closely link the exposure of target group clients to specific interventions every three months. These are undertaken to progressively build an evidence base that details the optimal service package required to achieve behavior change among high risk youth. Regular client surveys allow for regular adjustment of program offerings to ensure they are correctly targeted to the mix of clients, ages and gender actually attending the local service.

- *Audits*

  Regular random audits of peer educators and peer educator coordinators ensure that what all are recording accurately reflects client attendances. Deliberate falsification of information results in dismissal with responsibility for data collection strictly hierarchical. PSI reports error rates of less than one percent as a result of this method.

- *Monitoring and evaluation*

  PSI monitoring and evaluation via the UIC answers the following questions:

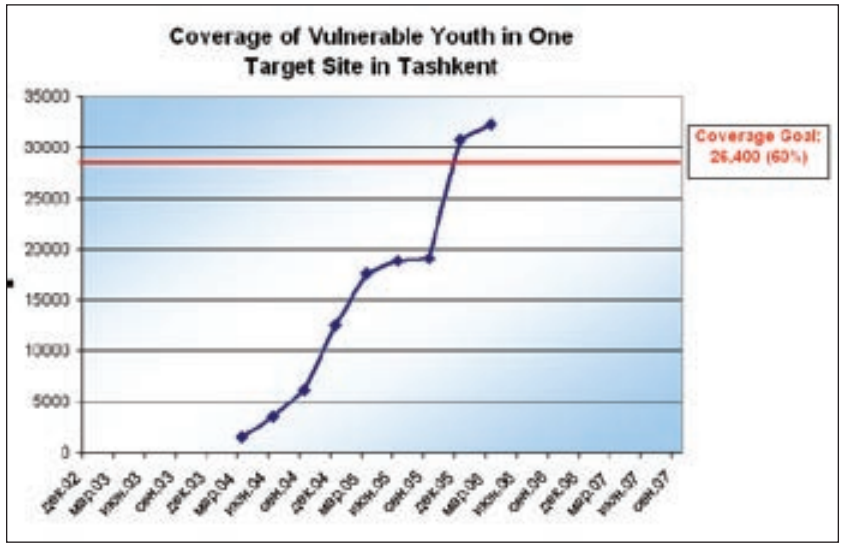
- How many at-risk youth is PSI reaching in total and with each activity? This is both in absolute numbers and as a percentage of total at-risk youth within the target area for that Youth Power Center.
- How regularly are at-risk youth being reached?
- How much of each activity is being conducted?
- What impact are PSI activities having on the knowledge, attitudes and behavior related to drugs and HIV/AIDS of at-risk youth in the target areas?

- *Coverage and effectiveness*

  Program and service planning are the result of regular KAP surveys. However, PSI strongly believes coverage must be linked to client behavior change for program effectiveness. PSI defines coverage as "the minimum package

of products and services needed to produce measurable changes in targeted behaviors" [23]. PSI determines the appropriate input of services required to produce behavior change. However, as this package varies from site to site (due to local conditions), definitions of coverage also differ.

Results



PSI has developed strong internal M&E systems based around the UIC. In Chilanzar district of Tashkent, PSI has achieved more than 60% coverage and produced accurate, timely data, which assists in the modification of programs in response to changes in demand.

Ekspert Fikri

Ekspert Fikri, which commenced work in 1989, is a non-governmental social research organization based in Tashkent, Uzbekistan. Ekspert Fikri has extensive experience in the field of HIV/AIDS and drug demand reduction, including some of the formative research for, and ongoing monitoring and evaluation of, the USAID-funded DDRP. The organization brings extensive local knowledge to DDRP, such as demographic and social tendencies of the Central Asian Republics, which may assist in understanding emerging drug use patterns. In addition, Ekspert Fikri has undertaken projects for other international organizations including the World Bank, the Asian Development Bank, the Joint United Nations Program on HIV/AIDS (UNAIDS,) the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Children's Fund (UNICEF.)

Ekspert Fikri was contracted by PSI to undertake mathematical modeling to demonstrate the appropriateness of the UIC and non-replicability of local names for the UIC using Cyrillic and Latin characters.

Ekspert Fikri also disseminated the UIC across Uzbekistan after DDRP/PSI successfully implemented the system within Youth Power Centers in 2004. At the time the UIC was introduced in Uzbekistan, several DDRP partners required assistance with implementation. Ekspert Fikri undertook extensive preparatory work to adapt the UIC to local conditions. The organization was also responsible for developing local bilingual Uzbek and Russian versions of the client questionnaire as well as a Latin character database for information capture.

Ekspert Fikri provides regular and intensive support to partners and sub-grantees in Uzbekistan, to resolve issues associated with the UIC as well as more general monitoring and evaluation and project management advice. Most of this takes the form of site visits across Uzbekistan and involves direct face-to-face consultations for three to four hours at a time.

Intensive technical support has been required to implement and maintain UIC data quality during DDRP. During these site visits, information entered into the databases by sub-sub grantees is downloaded by Ekspert Fikri and additional staff training occurs.

Information Research Center "Panorama"

Information Research Center Panorama is a non-governmental social research organization based in Dushanbe, Tajikistan. Panorama has extensive experience in the field of HIV/AIDS and drug demand reduction. Panorama has undertaken projects with organizations including the United Nations Development Fund for Women (UNIFEM,) the United Nations Development Program (UNDP,) the Open Society Institute and the Eurasia Foundation. As with

Ekspert Fikri in Uzbekistan, this organization brings extensive local knowledge of emerging demographic trends that influence drug use patterns in Tajikistan and Kyrgyzstan.

Panorama introduced the UIC in Kyrgyzstan and Tajikistan in July 2004. Panorama undertook extensive preparatory work to adapt the UIC to local conditions. Before the introduction of the UIC, Panorama provided training for all grant recipients in the use of the first version of the UIC. This training covered all aspects of UIC recording. Training included ensuring that clients filled out recording sheets independently and guidelines for the submission of completed records to Panorama for analysis. The organization was also responsible for developing local bilingual Kyrgyz, Tajik and Russian versions of the initial client survey as well as a Cyrillic character database for information capture. Panorama developed Cyrillic character software for data entry and statistical processing of the database based on Microsoft Access, conducted data entry and created the database.

Panorama provides regular and intensive support to partners and sub-grantees in Tajikistan and Kyrgyzstan to resolve issues associated with the UIC as well as more general monitoring and evaluation and project management advice. Most of this takes the form of site visits across Kyrgyzstan and Tajikistan and involves direct face-to-face consultations for three to four hours at a time.

Intensive technical support has been required to implement and maintain UIC data quality during the DDRP. During these site visits, information entered into the databases by sub-sub grantees is downloaded by Panorama and additional staff training occurs.

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GLOSSARY

Drug demand reduction: Policies or programs directed towards reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988). The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels [24].

Na uchyote: To be registered as a drug user by a government narcology service

Narcology: The Soviet and Post-Soviet system for drug addiction study and treatment.

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